

1. PLACE OF DEATH:

(a) County Osark

(b) City or town Elyah (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osark

(c) City or town Elyah (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Chas. Abbott Beach

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23 year 1946 hour 6 minute 15 M.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Jewel Beach 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: 6-9-1882 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 21 JAN 1946 to 23 JAN 1946, 1946, that I last saw him alive on 21 JAN 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 7 Days 14 If less than one day hr. _____ min. _____

Immediate cause of death: CARDIO-VASCULAR-RENAL DISEASE WITH HYPERTENSION

9. Birthplace Almertha Mo (City, town, or county) (State or foreign country)

10. Usual occupation Doctor of medicine

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Stanley Beach

13. Birthplace unk 19 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Beardon

15. Birthplace Mo (City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Mrs. C.A. Beach

(b) Address Beata, Mo

17. (a) B (b) Date thereof 1-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation Sevier

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) 2-7-1946 (b) Carl Davis (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

Signature Wesley Davis (M. D. or other) W.D.

Address West Plains, Mo Date 3 Feb 46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1716

MOTHER FATHER

APR 22 1946

APR 22 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *W. D. Robertson*

Licensed Embalmer No. *34327*

P. O. Address *West Plains, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.